

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/01/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155196		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 07/16/2024	
NAME OF PROVIDER OR SUPPLIER ALTENHEIM HEALTH & LIVING COMMUNITY				STREET ADDRESS, CITY, STATE, ZIP COD 3525 E HANNA AVE INDIANAPOLIS, IN 46237			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 0000 Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey. This visit included a State Residential Licensure Survey. This visit included the Investigation of Complaints IN00438593 and IN00437905.</p> <p>Complaint IN00438593 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00437905 - No deficiencies related to the allegations are cited.</p> <p>Survey dates: July 8, 9, 10, 11, 12, 15, and 16, 2024</p> <p>Facility number: 000103 Provider number: 155196 AIM number: 100290000</p> <p>Census Bed Type: SNF/NF: 60 SNF: 19 Residential: 58 Total: 137</p> <p>Census Payor Type: Medicare: 11 Medicaid: 39 Other: 29 Total: 79</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed July 19, 2024.</p>			F 0000	<p>Please find enclosed the Plan of Correction to the complaint survey conducted on July 8th, 2024. This letter is to inform you that the plan of correction attached is to serve as The Altenheim's credible allegation of compliance. We allege compliance on 08/02/2024. Submission of this plan of correction does not constitute an admission by The Altenheim or its management company that the allegations contained in the survey report is a true and accurate portrayal of nursing care and other services in this facility. Nor does this provision constitute an agreement or admission of the survey allegations. Altenheim Health and living respectfully request desk review.</p>		
F 0698 SS=D	483.25(I) Dialysis						

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Dr. Chirag Patel

Executive Director

07/31/2024

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosed days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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Bldg. 00	<p>§483.25(l) Dialysis. The facility must ensure that residents who require dialysis receive such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences.</p> <p>Based on interview and record review, the facility failed to ensure care and services for residents with dialysis were provided for 3 of 4 residents reviewed for dialysis services. Daily weights as ordered by the physician, related to the resident's dialysis services, were not obtained and monitored. (Resident 54, Resident 59, Resident 67)</p> <p>Findings include:</p> <p>1. On 7/9/24 at 2:41 p.m., Resident 54's clinical record was reviewed. The diagnoses included, but were not limited to, dependence on renal dialysis (process by which dissolved substances are removed from an individual's body by diffusion from one fluid compartment to another across a semipermeable membrane) and stage 5 chronic kidney disease (also known as end-stage kidney disease where the kidneys are severely damaged and can no longer perform their functions).</p> <p>The Annual Minimum Data Set (MDS) assessment, dated 5/24/24, indicated Resident 54 was cognitively intact and renal failure, End Stage Renal Disease (ESRD), stage 5 chronic renal failure, and was dependent upon dialysis.</p> <p>Resident 54's care plan included, but were not limited to the following: - "...Problem start date: 5/16/24; Resident receives Hemodialysis due to end stage renal disease and</p>			F 0698	<p>F698</p> <p>1 What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? NP notified of missing weights for resident 54, 59, and 67 during the survey. New orders received to adjust orders for NP to review and utilize residents dry weights.</p> <p>2 How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken Residents receiving dialysis services with orders for daily weights have the potential to be affected by the alleged deficient practice and have been audited. The daily weight orders have been reviewed by and discussed with the NP.</p> <p>3 What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur Licensed nurses educated on the policy for following physician orders. Will be educated upon</p>		08/02/2024

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	<p>is at risk for complications. Goal target date: 9/8/24; Resident will have effective fluid management, hemodynamically stable, without complications. Approach start date: 5/16/24; Report fluid excess (weight gain...)"</p> <p>- "...Problem start date: 8/11/23; Resident is at risk for weight loss [related to] chronic kidney disease. Goal target date 9/8/24; Resident will not have significant weight changes through next review. Approach start date: 8/11/23; Monitor resident's weight, notify physician of any significant weight changes..."</p> <p>Physician Orders included, but were not limited to: - "...daily weight, notify [Physician] if weight gain greater than 3 pounds overnight or 5 pounds in one week. Start date 2/28/24..."</p> <p>- "...Resident to receive dialysis at the [facility] on Tuesday, Thursday, and Saturday. Start date 2/28/24 and no stop date..."</p> <p>On 7/16/24 at 11:20 a.m., the Director of Nursing Services (DNS) provided copies of the Treatment Administration Records. A review of the records indicated the physician's prescribed daily weights, as it related to the dialysis services, were documented. The following documents identified the dates and the nursing staff's reasons the weights had not been performed.</p> <p>- from 2/28/24 to 3/28/24, the record lacked 4 daily weights: 3/14/24 - "Not administered: Resident unavailable" 3/15/24 - record lacked a reason for not obtaining the weight 3/17/24 - "Not administered: On hold" 3/18/24 - "Not administered: Unable to obtain [weight]"</p>				<p>hire and annually.</p> <p>4 How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place DON/designee will audit dialysis residents with daily weight orders to ensure weights are obtained per physician order. Audits will occur daily x 30 days, then weekly x 12 weeks and monthly x 5 months. The results of these reviews will be discussed at the monthly facility Quality Assurance Committee meeting. Frequency and duration of reviews will be adjusted as needed if compliance is below 100%. Ongoing frequency and duration will be determined by the Quality Assurance Committee</p> <p>5 By what date the systemic changes for each deficiency will be completed - 08/02/2024</p> <p>08</p>		

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	<p>- from 3/29/24 to 4/28/24, the record lacked 5 daily weights: 3/29/24 - "Not administered: day-shift" 4/7/24 - record lacked a reason for not obtaining the weight 4/17/24 - "Not administered: Resident unavailable" 4/21/24 - record lacked a reason for not obtaining the weight 4/26/24 - record lacked a reason for not obtaining the weight</p> <p>- from 4/29/24 to 5/28/25, the record lacked 4 daily weights: 5/5/24 - record lacked a reason for not obtaining the weight 5/12/24 - "Not administered: Resident unavailable" 5/19/24 - "Not administered: On hold" 5/26/24 - "Not administered: Weight not obtained"</p> <p>- from 5/29/24 to 6/28/24, the record lacked 5 daily weights: 5/30/24 - "Not Administered: Resident unavailable" 6/10/24 - record lacked a reason for not obtaining the weight 6/25/24 - record lacked a reason for not obtaining the weight 6/26/24 - "Not administered: Resident unavailable" 6/28/24 - "Not administered: nurse completed"</p> <p>- from 6/29/24 to 7/10/24, the record lacked 1 daily weight: 7/5/24 - "Not administered: Other"</p> <p>During an interview on 7/10/24 at 9:15 a.m., Licensed Practical Nurse (LPN) 3 indicated</p>						

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	<p>Resident 54 was dialysis dependent and staff were to monitor his weights daily.</p> <p>During an interview on 7/12/24 at 10:07 a.m., Resident 54 indicated the dialysis staff weighed him during his dialysis sessions. "Sometimes" the nursing staff had weighed him on his non-dialysis days, his weight was not taken on a daily basis.</p> <p>2. On 7/9/24 at 3:04 p.m., Resident 59's clinical record was reviewed. The diagnoses included, but were not limited to, dependence on renal dialysis and ESRD.</p> <p>The Quarterly MDS assessment, dated 4/23/24, indicated Resident 59 was moderately cognitively intact and had ESRD, renal disease, and was dependent upon dialysis.</p> <p>Resident 59's care plan included, but were not limited to, the following:</p> <p>- "...Problem start date: 5/26/24; Resident receives Hemodialysis due to end stage renal disease and is at risk for complications. Goal target date: 9/26/24; Resident will have effective fluid management, hemodynamically stable, without complications. Approach start date: 5/26/24; Report fluid excess [weight gain]..."</p> <p>- "...Problem start date: 6/19/23; Resident has experienced significant weight loss. Goals target date: 9/26/24; Resident will have no further significant weight loss through next review. Approach: Monitor/record weight routinely, notify [Physician] of any significant changes..."</p> <p>Physician orders included, but were not limited to:</p> <p>- "...daily weight, notify [Physician] if weight gain greater than 3 pounds overnight or 5 pounds in one week. Start date 5/15/24 with no end date noted..."</p>						

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	<p>- "...Resident to receive dialysis at [dialysis provider], on Monday, Wednesday, and Friday...start date 5/15/24 with no end date noted..."</p> <p>On 7/16/24 at 11:20 a.m., the DNS provided copies of the Treatment Administration Records. A review of the records indicated the physician's prescribed daily weights, as it related to the dialysis services, were documented. The following documents identified the dates and the nursing staff's reasons the weights had not been performed.</p> <p>- from 5/15/24 to 5/31/24, the record lacked 3 daily weights: 5/18/24 - record lacked a reason for not obtaining the weight 5/19/24 - "Not administered: On hold" 5/26/24 - "Not administered: Weight not obtained"</p> <p>- from 6/1/24 to 6/30/24, the record lacked 1 daily weight: 6/18/24 - "Not administered: Resident unavailable"</p> <p>- from 7/1/24 to 7/10/24, the record lacked 1 daily weight: 7/2/24 - "Not administered: Other"</p> <p>During an interview on 7/10/24 at 9:20 a.m., LPN 3 indicated Resident 59 was dialysis dependent and staff were to monitor her weights daily.</p> <p>During an interview on 7/12/24 at 12:30 p.m., Resident 59 indicated she was weighed during her dialysis sessions. Resident 59 indicated she had not been weighed by the nursing facility staff.</p>						

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	<p>3. On 7/9/24 at 2:55 p.m., Resident 67's clinical record was reviewed. The diagnoses included, but were not limited to, dependence on renal dialysis and ESRD.</p> <p>The Quarterly MDS assessment, dated 5/13/24, indicated Resident 67 was cognitively intact and had ESRD and was dependent upon dialysis.</p> <p>Resident 67's care plan included but was not limited to the following:</p> <ul style="list-style-type: none">- "...Problem start date: 3/4/24; Resident receives Hemodialysis due to end stage renal disease and is at risk for complications. Goal target date: 8/15/24; Resident will have effective fluid management, hemodynamically stable, without complications. Approach start date: 3/4/24; Report fluid excess [weight gain]..." <p>Physician orders included, but were not limited to:</p> <ul style="list-style-type: none">- "...daily weight, notify [Physician] if weight gain greater than 3 pounds overnight or 5 pounds in one week. Start date 3/5/24 with no end date noted..."- "...Resident to receive dialysis at [dialysis provider], on Monday, Wednesday, and Friday...start date 3/5/24 with no end date noted..." <p>On 7/16/24 at 11:20 a.m., the DNS provided copies of the Treatment Administration Records. A review of the records indicated the physician's prescribed daily weights, as it related to the dialysis services, were documented. The following documents identified the dates and the nursing staff's reasons the weights had not been performed.</p> <ul style="list-style-type: none">- from 3/5/24 to 3/31/24, the record lacked 8 daily weights:						

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	<p>3/5/24 - record lacked a reason for not obtaining the weight</p> <p>3/10/24 - record lacked a reason for not obtaining the weight</p> <p>3/11/24 - record lacked a reason for not obtaining the weight</p> <p>3/12/24 - record lacked a reason for not obtaining the weight</p> <p>3/13/24 - record lacked a reason for not obtaining the weight</p> <p>3/19/24 - "Not administered: did not get out of bed"</p> <p>3/21/24 - "Not administered: Resident unavailable"</p> <p>3/31/24 - record lacked a reason for not obtaining the weight</p> <p>- from 4/1/24 to 4/30/24, the record lacked 4 daily weights:</p> <p>4/7/24 - record lacked a reason for not obtaining the weight</p> <p>4/18/24 - "Not administered: Resident unavailable"</p> <p>4/21/24 - record lacked a reason for not obtaining the weight</p> <p>4/30/24 - "Not administered: previous shift"</p> <p>- from 5/1/24 to 5/31/24, the record lacked 5 daily weights:</p> <p>5/2/24 - "Not administered: Resident unavailable"</p> <p>5/14/24 - record lacked a reason for not obtaining the weight</p> <p>5/18/24 - record lacked a reason for not obtaining the weight</p> <p>5/19/24 - "Not administered: On hold"</p> <p>5/26/24 - "Not administered: weight not obtained"</p> <p>- from 6/1/24 to 6/30/24, the record lacked 1 daily weight:</p> <p>6/13/24 - "Not administered: Resident</p>						

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	<p>unavailable"</p> <p>-from 7/1/24 to 7/10/24, the record lacked 2 daily weights: 7/2/24 - "Not administered: Other" 7/6/24 - "Not administered: Resident unavailable"</p> <p>During an interview on 7/10/24 at 9:50 a.m., LPN 3 indicated Resident 67 was dialysis dependent and staff were to monitor her weights daily.</p> <p>During an interview on 7/12/24 at 9:45 a.m., Resident 67 indicated the dialysis staff weighed her during the dialysis session. The nursing staff "generally" did not weigh her.</p> <p>During an interview on 7/11/24 at 1:05 p.m., the DNS indicated staff were to follow the physician's orders regarding resident's daily weights related to their dialysis services. The resident's Treatment Administration Records identified the physician prescribed daily weights that had not been obtained.</p> <p>During an interview on 7/16/24 at 11:00 a.m., the Corporate Clinical Support Director indicated not all of the resident's prescribed daily weights were obtained. The dialysis protocol was to monitor the resident's weights.</p> <p>On 7/11/24 at 2:55 p.m., the DNS provided a copy of the Hemodialysis policy, dated 6/4/19, and indicated it was the current policy in use by the facility. A review of the policy indicated, "...will ensure that residents who require dialysis receive such services, consistent with professional standards of practice, the comprehensive person-centered care plan..."</p> <p>On 7/11/24 at 1:50 p.m., the DNS provided a copy</p>						

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R 0000 Bldg. 00	<p>of the Protocol for Following Physician Orders policy, dated 4/3/17, and indicated it was the current policy in use by the facility. A review of the policy indicated, "...It is the goal of CarDon to provide care to our facility residents that will promote support for the optimal quality of life for the resident...associates...will provide the appropriate physician prescribed care to residents...all licensed staff will verify and follow the physician orders as written...the resident's plan of care will reflect the physician's orders and direction for the resident's plan of care ..."</p> <p>3.1-37(a)</p> <p>This visit was for a State Residential Licensure Survey. This visit included a Recertification and State Licensure Survey and the Investigation of Complaints IN00438593 and IN00437905.</p> <p>Complaint IN00438593 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00437905 - No deficiencies related to the allegations are cited.</p> <p>Survey dates: July 8, 9, 10, 11, 12, 15, and 16, 2024</p> <p>Facility number: 000103</p> <p>Residential Census: 58</p> <p>Altenheim Health and Living Community was found to be in compliance with 410 IAC 16.2-5 in regard to the State Residential Licensure Survey.</p>			R 0000	<p>Please find enclosed the Plan of Correction to the complaint survey conducted on July 8th, 2024. This letter is to inform you that the plan of correction attached is to serve as The Altenheim's credible allegation of compliance. We allege compliance on 08/02/2024. Submission of this plan of correction does not constitute an admission by The Altenheim or its management company that the allegations contained in the survey report is a true and accurate portrayal of nursing care and other services in this facility. Nor does this provision constitute an agreement or admission of the survey allegations. Altenheim Health and living respectfully request desk review.</p>		